



Box 524/1653
Docket: D-287
TECH CENTER 1600/2900
SEP 25 2001
RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application:
Donovan

Serial No.: 09/489,667

Filed: January 19, 2000

For: CLOSTRIDIAL TOXIN DERIVATIVES
AND METHODS FOR TREATING PAIN

/
/ Examiner: C. Kam
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/ Group Art Unit: 1653
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/
/
/

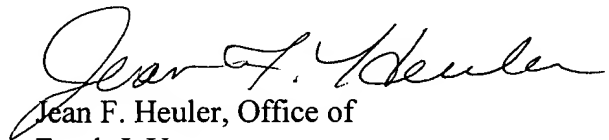
Date of Deposit: **September 11, 2001**

I hereby certify that the following documents as identified below are being deposited with the United States Postal Service as first class mail on the date indicated above and are addressed to the Commissioner for Patents, Washington, D.C. 20231:

1. Transmittal letter;
2. Response to Final Office Action;
3. Information Disclosure Statement;
4. Form PTO-1449 and copies of references listed;
5. Sequence Listing - Paper Copy;
6. Sequence Listing - CRF;
7. Declaration Pursuant to 37 C.F.R. §1.82(f);
8. Return Receipt postcard.

Each of the 8 above-identified documents are enclosed herewith.

Respectfully submitted,


Jean F. Heuler, Office of

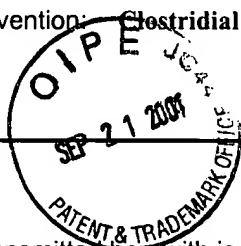
Frank J. Uxa
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Irvine, CA 92618

Telephone 949/ 450-1750
Facsimile 949/ 450-1764

not enter
12/10/01
cmk

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Stephen Don van**

Docket No.

D-2875Serial No.
09/489,667Filing Date
1-19-2000Examiner
C. KamGroup Art Unit
1653Invention: **Electrodermal Toxin Derivatives and Methods For Treating Pain****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

RECEIVED
SEP 25 2001
TECH CENTER 1600/2900**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	66 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	8 -	8 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **01-0885**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

SignatureDated: **September 11, 2001**

Frank J. Uxa
Reg. No. 25,612
Stout, Uxa, Buyan & Mullins LLP
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Tel: 949-450-1750

I certify that this document and fee is being deposited
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Signature of Person Mailing Correspondence**Jean F. Heuler**

Typed or Printed Name of Person Mailing Correspondence

CC: